ST. ANNE'S HOME/ELDERLY 3800 NORTH 92ND STREET MI LWAUKEE 53222

Ownershi p: Nonprofit Church/Corporation Phone: (414) 463-7570 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 106 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 106 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 101 Average Daily Census: 103 \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38. 6
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Davelanmental Disabilities	1.0	IIndon 65	0.0.	1 - 4 Years More Than 4 Years	43. 6 17. 8
Day Services	No   No	Developmental Disabilities	1. 0 38. 6	Under 65   65 - 74	0. 0   4. 0	More man 4 fears	17.8
Respite Care	No I	Mental Illness (Org./Psy)   Mental Illness (Other)	36. 0 8. 9	65 - 74   75 - 84	30.7	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	54. 5	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	10. 9	Full-Time Equivalen	ıt.
Congregate Meals	Yes	Cancer	0. 0			Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 9	65 & 0ver	100. 0		
Transportati on	Yes	Cerebrovascul ar	9. 9			RNs	12. 7
Referral Service	Yes	Di abetes	5. 9	Sex	%	LPNs	6. 9
Other Services	Yes	Respiratory	1. 0		]	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	20. 8	Male	19. 8	Aides, & Orderlies	41. 8
Mentally Ill	No			Female	80. 2		
Provi de Day Programming for	ĺ		100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	5	100.0	251	<b>54</b>	85. 7	108	0	0.0	0	31	93. 9	184	0	0.0	0	0	0.0	0	90	89. 1
Intermedi ate				9	14. 3	89	0	0.0	0	2	6. 1	174	0	0.0	0	0	0.0	0	11	10. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		63	100.0		0	0.0		33	100.0		0	0.0		0	0.0		101	100. 0

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ST. ANNE'S HOME/ELDERLY

Nursing Care Required (Mean)

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti ons,	Services, and	Activities as of 12/	/31/01
Deaths During Reporting Period		`					
0 1 0		ľ		% Nee		Total	
Percent Admissions from		Activities of	%	Assi sta		% Totally	Number of
Private Home/No Home Health	15. 3	Daily Living (ADL)	Independent	One Or To		<i>J</i>	Residents
Private Home/With Home Health	0. 0	Bathi ng	1. 0	86		12. 9	101
	16. 7	Dressing	17. 8		. 2	5. 9	101
Other Nursing Homes		, 8					
Acute Care Hospitals	43. 1	Transferring	35. 6	57		6. 9	101
Psych. HospMR/DD Facilities	2. 8	Toilet Use	31. 7	58		9. 9	101
Rehabilitation Hospitals	9. 7	Eati ng	42. 6	53	. 5	4. 0	101
Other Locations	12. 5	****************	*********	*****	******	********	******
Total Number of Admissions	72	Conti nence		% Spec	cial Treatment:	S	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	2. 0 R	eceiving Respi	ratory Care	5. 9
Private Home/No Home Health	10.0	Occ/Freq. Incontinent	of Bladder	56. 4 Re	ecei vi ng Trach	eostomy Care	0. 0
Private Home/With Home Health	0. 0	Occ/Freq. Incontinent			eceiving Sucti		0. 0
Other Nursing Homes	0. 0	,			eceiving Ostom		0. 0
Acute Care Hospitals	8. 6	Mobility			eceiving Tube		3. 0
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained	1			nically Altered Diets	
		Thysically Restrained	L	4. U N	ecei vi lig Mecha	incarry Artered Drecs	17.6
Rehabilitation Hospitals	0.0			0.1	D 1 1 (C)		
Other Locations	10. 0	Ski n Care			er Resident Ch		
Deaths	71.4	With Pressure Sores			ave Advance Di	rectives	94. 1
Total Number of Discharges		With Rashes		9.9 Med	i cati ons		
(Including Deaths)	70			Re	eceiving Psych	oactive Drugs	57. 4
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\* Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97. 2 88. 9 1.09 85.7 1. 13 82.7 1.17 84. 6 1. 15 Current Residents from In-County 89. 1 88. 1 1.01 86. 1 1.03 **85**. 3 1.05 77.0 1. 16 Admissions from In-County, Still Residing 44.4 22.9 1.94 17.5 2.53 21. 2 2. 10 20.8 2. 14 Admissions/Average Daily Census 69.9 129.6 0.54 212. 2 0.33 148. 4 0.47 128. 9 0.54 Discharges/Average Daily Census 68.0 133.7 210. 1 0.32 150. 4 130.0 0.52 0.51 0.45 Discharges To Private Residence/Average Daily Census 6.8 47.6 0.14 87. 3 0.08 **58.** 0 0.12 52.8 0.13 Residents Receiving Skilled Care 89. 1 90. 5 0.99 93.8 0.95 91.7 0.97 85. 3 1.04 Residents Aged 65 and Older 100 97.0 1.03 94.0 1.06 91.6 87. 5 1. 14 1.09 Title 19 (Medicaid) Funded Residents 62.4 **56.** 0 1.03 64. 4 0.97 68. 7 0.91 1. 11 60. 5 Private Pay Funded Residents 32.7 1. 25 23.8 22. 0 35. 1 0.93 26. 1 1.37 1. 48 Developmentally Disabled Residents 1.0 0. 5 2.03 0.9 1.05 0. 9 7. 6 0.13 1.05 Mentally Ill Residents 47.5 30. 9 1.54 27.3 1.74 32. 2 1.48 33. 8 1. 41 General Medical Service Residents 20.8 27.3 0.76 27.4 0.76 23. 2 0.90 19.4 1.07 51. 2 Impaired ADL (Mean) 50.3 0.82 0.81 51.3 0.81 49.3 0.84 41.4 Psychological Problems 57.4 52. 4 1. 10 52.4 1. 10 50. 5 1. 14 51. 9 1. 11

7. 1

0.75

6. 7

0. 79

5. 3

7. 2

0.74

7. 3 0. 73